

A. The requirements for establishing obviousness

Establishing this *prima facie* case requires meeting three basic criteria. “First, there must be some *suggestion or motivation*, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or to combine reference teachings. Second, there must be a reasonable expectation of success. Finally, the prior art reference (or references when combined) must teach or suggest all the claim limitations. In re Vaeck, 947 F.2d 488, 20 USPQ2d 1438 (Fed. Cir. 1991).” MPEP § 2142

B. The Examiner’s obviousness case

i. ***Based on combining three references.*** In making the case for obviousness, the Examiner concedes that neither Fu nor Lee nor a combination of the two teaches all the independent claims’ limitations. He therefore relies on a third reference, Kirk, and suggests that it is obvious to combine (i) Lee with Fu and then (ii) Kirk with the Lee/Fu combination.

ii. ***Establishing the required “motivation to combine.”*** In support of this suggestion, the Examiner contends that these three references contain the required “suggestion or motivation” to modify or combine their teachings. Specifically:

- The Final Office Action asserts that the required motivation to combine Lee with primary reference Fu is found in “providing detailed home medical surveillance of patients *with a minimal amount of trained technical personnel.*”¹
- Then, in support of the three-reference combination, the Final Office Action argues that the motivation to add Kirk comes from “utilizing a health care support system which *economically provides* medication control.”²
- Finally, the Advisory Action adds an observation that all “three references *teach similar type systems and methods* and one of ordinary skill in the art would have been motivated to combine the teachings of the references for the motivation disclosed in the Final Rejection.” (*Emphasis added*)

These, therefore, are the three pillars on which the Examiner rests his obviousness case: minimizing technical personnel, reducing costs and similar systems & methods.

¹ Final Office Action, Page 4, lines 3 to 5.

² Final Office action, page 4, lines 15 and 16.

C. Close examination of the references reveals that none of these three pillars can stand

Despite the Examiner's assertions, Applicant cannot agree that the references contain any of the alleged suggestions or motivations. In fact, the secondary reference Lee motivates against, not for, any combination with primary reference Fu or tertiary reference Kirk.

Lee requires trained technical personnel to function, so adding it to primary reference Fu would increase, not decrease the need for personnel. Similarly, Lee's complexity makes it a very expensive system, so combining Lee with either Fu or Kirk would create a more, not a less, expensive system. Moreover, the three references do not teach similar systems or methods at all. Therefore, the required motivation for combining cannot be supported.

More specifically:

i. Combining Lee with primary reference Fu increases, not decreases, the need for technical personnel, making the combination extremely unlikely.

Primary reference Fu is a fully automated system "that automatically collects information indicative of the physical condition of a patient,"³. It is a system that includes two subunits, one that is "a home unit adapted for use by a patient in an *unsupervised manner...*"⁴ (*Emphasis added*). I.e., Fu, has no need for technical personnel being involved in the data capture process.

Lee, on the other hand, emphasizes that highly trained technical personnel are indispensable. It expressly mandates "human supervision of all critical functions"⁵ and requires that a highly trained operator "establishes voice communication with the patient"⁶ and maintains this "during diagnostic sessions."⁷

Thus, personnel requirements will increase if Lee is added to Fu. It cannot, therefore, be correct to argue that one skilled in the art would be motivated to modify Fu by incorporating Lee in order to reduce trained personnel. Exactly the opposite is true.

This is so, despite Lee's assertion that it operates using "a minimal amount of trained technical personnel time."⁸ Lee may require less personnel time *when compared to regular doctor visits*, but this would not be the case in a combination

³ Patent 4,803,625, column 1, lines 6 to 7

⁴ Patent 4,803,625, column 4, lines 55 to 58

⁵ Patent 4,838,275, column 8, line 4

⁶ Patent 4,838,275, column 15, lines 54 to 56

⁷ Patent 4,838,275, column 19, lines 55 and 56

with Fu. Instead, it has significantly stepped up personnel requirements when compared to the fully automated system of Fu.

The required motivation to combine Fu and Lee cannot, therefore, be supported by an argument based on reducing the amount of technical personnel, because the combination would require more personnel.

ii. Combing Fu/Lee with Kirk makes for a less, not more, economical system, thereby negating the economic motivation for making the combination.

After motivating why it is obvious to combine Lee with primary reference Fu, the Examiner quotes Kirk's claimed advantage to a system "which economically provides medication control, wellness checking and patient data accumulation"⁹ to provide an economic motivation for combining Kirk with a Fu+Lee combination. This quotation, however, does not support the Examiner's obvious-to-combine contention. Instead, it does exactly the opposite and *motivates against* the proposed combination.

Lee requires very complex and expensive equipment at the patient's home. This equipment is described being a "bed formed to closely accommodate at least portions of the patient's body"¹⁰ and could additionally include a sensing chair. The bed includes numerous complex sensors at least some of which are so sensitive that patient entry to the bed must be "effected gently and consistently," something that is facilitated by a remotely controllable hammock.¹¹

Clearly this is expensive equipment and it is reasonable to assume that, in the combination suggested by the Examiner, at least some of Lee's elements would be part of the combined system. The same applies to Lee's highly trained operators. Both would be very expensive and combining them with Kirk would certainly not make the Kirk system more "economical," a stated advantage/goal of Kirk. Instead, the system would be much more expensive.

Thus, the argument that one skilled in the art would be motivated to combine these three references to make a more economical system cannot be sustained on the face of the references themselves. Accordingly, Applicant submits that motivation to combine because of economic advantages does not exist and cannot be demonstrated.

⁸ Patent 4,838,275, column 5, lines 30 to 32.

⁹ Patent 5,390,238, column 1, lines 57 to 60.

¹⁰ Patent 4,838,275, column 6, lines 49 and 50.

¹¹ Patent 4,838,275, column 9, lines 35 to 47.

iii. *The three references do not teach similar systems at all, thus there will be no motivation to combine them*

The Advisory Action goes further and contends that the required motivation to combine the references comes from them being *similar systems*. But, as shown above and further below, the systems are philosophically, operationally and technically very dissimilar. For example -

• *Fu and Lee are philosophically and operationally very different systems*

Fu, as described above, is a fully automated system “that automatically collects information indicative of the physical condition of a patient.”¹² It does not require any human during data collection.

In stark contrast, Lee is a human-based system requiring (a) “a highly trained observer at the central office” (See abstract) and (b) patient-operator voice communication during pre-arranged monitoring sessions. Lee is incapable of functioning without this human operator, who “examines incoming patient data in the SCO, refers problems to the appropriate physician, and initiates system responses.”¹³ To ensure this, Lee mandates that “diagnostic sessions are scheduled on a regular basis for each patient” and that such sessions “must occur at the agreed time.”¹⁴ At that time, the observer “establishes voice communication with the patient”¹⁵ and maintains voice communication “during diagnostic sessions.”¹⁶

Lee’s system is, therefore, much closer to a face-to-face patient/doctor interaction than to an automated monitoring system and represents a totally different system from Fu, both philosophically and operationally: One is fully automated, the other centered around a fully involved human operator.

• *Fu and Lee are technically very different.* Added to this, the Fu and Lee systems’ technical requirements are equally different, indeed incompatible, in part because they support very differently functioning systems.

As pointed out above, Lee requires a very complex monitoring bed and chair as well as a hammock that can be remotely controlled by the human operator. Fu’s equipment is substantially different and is statedly designed to “minimize

¹² Patent 4,803,625, column 1, lines 6 to 7

¹³ Patent 4,838,275, column 22, line 17 to 20

¹⁴ Patent 4,838,275, column 15, lines 39 to 44

¹⁵ Patent 4,838,275, column 15, lines 54 to 56

¹⁶ Patent 4,838,275, column 19, lines 55 and 56

complexity.”¹⁷ Lee’s central office (SCO) is essentially an operator control room, while Fu’s central unit 20 is made up of a computer 24 and monitors 30. Lee’s technology also allows constant voice communication during monitoring sessions, while Fu’s system neither requires nor provides for this.

Each of these and a myriad other technical differences make Fu and Lee very different systems and not at all similar to each other. These differences are so great that any combination appears technically infeasible, not obvious, despite their purpose being to monitor patients remotely.

D. In any event, it is improper to combine references that change principles of operation, teach away from combining or render unsatisfactory the combination.

Beyond the discussion above, there are numerous other reasons why it is not obvious and, indeed improper, to combine these three references. Among these are:

i. It is improper to combine references that would change the principle of operation of the primary reference.

It is well accepted that “if the proposed modification or combination of the prior art would change the principle of operation of the prior art invention being modified, then the teachings of the references are not sufficient to render the claims *prima facie* obvious.”¹⁸ As quoted by the MPEP, the *Ratti* case specifically held that the “suggested combination of references would require a substantial reconstruction and redesign of the elements shown in [the primary reference] as well as a change in the basic principle under which the [primary reference] construction was designed to operate” and, accordingly, the claimed invention was not obvious.”

Combining Fu and Lee clearly violates this prohibition. Fu is an automated system that “automatically collects information” in an “*unsupervised manner*,”¹⁹ while Lee requires a human operator and “human supervision of all critical functions.”²⁰ One cannot combine Fu and Lee without changing either system substantially or the basic structure (i.e., unsupervised monitoring) under which Fu was designed to operate.

ii. It is also improper to combine references that would render the prior art unsatisfactory for its intended purpose.

¹⁷ Patent 4,803,625, column 1, line 39.

¹⁸ MPEP §2143.01 citing *In re Ratti*, 270 F.2d 810, 123 USPQ 349 (CCPA 1959)

¹⁹ Patent 4,803,625, column 4, lines 55 to 58

²⁰ Patent 4,838,275, column 8, line 4

Similarly, the courts have held that “if [the] proposed modification would render the prior art invention being modified unsatisfactory for its intended purpose, then there is no suggestion or motivation to make the proposed modification.”²¹ Once again, a combination of Lee and Fu runs afoul of this prohibition.

Fu is a fully automated system “that automatically collects information indicative of the physical condition of a patient”²² and does not have a human observer requirement. In stark contrast, Lee teaches a system that revolves around a “surveillance and control office” inhabited by a human observer. This human observer is essential to the Lee system and all Lee’s equipment, including the remotely operable bed, is designed around this human operator.

Not only does Lee’s human operator disqualify Lee from being a client-server architecture (as alleged by the Examiner), but it also makes a technically totally different and, for that matter, an incompatible system with respect to Fu.

Any combination of either Lee into Fu or Fu into Lee would result in a force fit of incompatible systems that would make either entirely unsatisfactory for its intended purpose.

iii. *It is improper to combine references that teach away from each other.*

Finally, it is well established that it “is improper to combine references where the references teach away from their combination.”²³

Not only are the Fu and Lee systems philosophically, operationally and technically very different and incompatible, thus by implication teaching away from combination, but they also expressly teach away from combination.

For example, Fu, strives to “minimize the complexity and expense of the monitor.”²⁴ Lee teaches away from this by requiring its very complex and expensive monitoring bed, chair and associated hammock

Also, as pointed out above, Lee requires a human operator, whilst Fu categorically teaches away from a human-based system in describing a system “adapted for use by a patient in an *unsupervised manner*.”²⁵ (*Emphasis added*)

²¹ *In re Gordon*, 733 F.2d 900, 221 USPQ 1125 (Fed. Cir. 1984) as quoted at MPEP §2143.01

²² Patent 4,803,625, column 1, lines 6 to 7

²³ *In re Grasselli*, 713 F.2d 731, 743, 218 USPQ 769, 779 (Fed. Cir. 1983) as quoted at MPEP §2145

²⁴ Patent 4,803,625, column 1, lines 39 and 40

In summary, therefore, and for the reasons given above, namely no motivation to combine, incompatibility, changing the principle of operation, rendering unsatisfactory and teaching away, Applicant respectfully submits that it cannot be obvious to combine secondary reference Lee with primary reference Fu. Similar arguments can be applied to the additional combination of tertiary reference Kirk, but such arguments are moot in view of Applicant's belief that the primary and secondary references cannot be combined. Thus a rejection under 35 U.S.C. § 103 cannot be sustained and allowance of the claims is respectfully requested.

II. EVEN IF THE REFERENCES CAN BE COMBINED, THE EXAMINER HAS NOT SHOWN ANY SPECIFIC TEACHING IN THE REFERENCES FOR NUMEROUS DEPENDENT CLAIMS

In addition and importantly, in the Final Office Action and the Advisory Action, the Examiner fails to point out where in the references the specific elements claimed in claims 35-41, 45, 49, 50, 53-56, 59, 60 and 62-75 and parallel method claims were not cross-referenced by the Examiner.

III. CONSIDERATION OF THE RULE 1.131 AFFIDAVIT PREVIOUSLY SUBMITTED

The Examiner is requested to consider the Rule 1.131 affidavit filed in response to the final office action in parent 09/237,194.

IV. CLAIM AMENDMENTS UNRELATED TO THE PRIOR ART OR THE EXAMINER'S ARGUMENTS

As apparent from the arguments above, Applicant disagrees that the claims on file are not patentable. Nonetheless, Applicant requests that the Examiner enter the following amendments to the claims.

This listing of claims will replace all prior versions, and listings, of the claims in the application:

Claim 34 (Amended): A networked health-monitoring system, comprising:

(a) a plurality of remote patient sites, each site including

(i) at least one display;

(ii) a data management unit configured to facilitate collection of patient health-related data;

(iii) a memory; and

(iv) stored program instructions for use in generating health-monitoring related information on the display;

²⁵ Patent 4,803,625, column 4, lines 55 to 58

(b) at least one remotely located computing facility including at least one central server connectable for communication with the data management units at the patient sites; and

(c) at least one health care professional computer remotely located from and configured for signal communication with the central server to receive at least one report based on the patient health-related data collected at the remote patient sites, wherein hardware and software of the central server automatically communicates with the data management units and the at least one health care professional computer.

Claim 35 (Amended): The system of claim [34]121, further comprising at least one health-monitoring device configured

- (a) to monitor at least one patient health condition at least one remote patient site; and
- (b) to communicate data related to the monitored condition to the central server.

Claim 36 (Previously Presented): The system of claim 35, wherein the data management unit facilitates collection of health-related data by receiving data related to the monitored condition from at least one of the health-monitoring devices.

Claim 37 (Amended): The system of claim 36, wherein at least one health-monitoring device includes one or more of the set consisting of

- (a) a blood glucose monitor;
- (b) a peak flow meter;
- (c) a blood pressure monitor;
- (d) a pulse monitor; and
- (e) a body temperature monitor.

Claim 38 (Amended): The system of claim [34]66, wherein the data management unit is configured to facilitate collection of health-related data [entered by] through a patient at the remote patient site using buttons, keys or switches.

Claim 39 (Previously Presented): The system of claim 35, wherein the data management unit is physically separate from the display.

Claim 40 (Amended): The system of claim 35, wherein [the memory and] the display forms a part of at least one of the health-monitoring devices.

Claim 41 (Amended): The system of claim [40] 121, wherein the display is in a handheld device.

Claim 42 (Previously Presented): The system of claim 41, wherein the handheld device is capable of displaying pictorial health-monitoring related information.

Claim 43 (Previously Presented): The system of claim 40, wherein the memory is a program cartridge.

Claim 44 (Amended): The system of claim [42]41, wherein the handheld device is capable of displaying animated health-monitoring related information.

Claim 45 (Amended): The system of claim [34]121, wherein at least one of the remote sites further includes at least one personal computer [connected to]and wherein the data management unit at that site is connectable to the computer.

Claim 46 (Amended): The system of claim [34] 121, wherein the information received by the healthcare professional can be used to generate at least one report that is standardized.

Claim 47 (Amended): The system of claim [34]76, wherein the system is configured to allow a health care professional to select which of a plurality of standardized reports is received.

Claim 48 (Amended): The system of claim [4]76, wherein the report includes at least one of graphs and icons.

Claim 49 (Amended): The system of claim [34]76, wherein the report can be generated periodically.

Claim 50 (Previously Presented): The system of claim 48, wherein the server can generate the report.

Claim 51 (Amended): The system of claim [34]76, wherein the system is configured to cause the presentation of at least one report on the display at a remote patient site.

Claim 52 (Amended): The system of claim [34]76, wherein the report includes displayed formatted statistical information.

Claim 53 (Amended): The system of claim [34]52, wherein the statistical information can be displayed on a display at a remote [to the] patient site.

Claim 54 (Amended): The system of claim [34]76, wherein the report includes information data for a period of time.

Claim 55 (Amended): The system of claim [34]121, wherein the system is configured to transmit a message for display on at least one remote patient site display.

Claim 56 (Amended): The system of claim [55]71, wherein the message includes step-by-step instructions.

Claim 57 (Amended): The system of claim [55]71, wherein the message includes results of a test.

Claim 58 (Amended): The system of claim 5[5]7, wherein the message includes a diagnostic indication related to whether a test has proceeded in a normal fashion.

Claim 59 (Amended): The system of claim [55]71, wherein the message is a multi-line message.

Claim 60 (Amended): The system of claim [55]71, wherein the message is educational or motivational.

Claim 61 (Amended): The system of claim [55]71, wherein the message is from the health care professional computer.

Claim 62 (Amended): The system of claim 61, wherein the system is configured to cause the message to be transmitted to a specific patient at a patient site.

Claim 63 (Amended): The system of claim 6[1]2, wherein the system is configured to cause the message to be transmitted automatically to the patient.

Claim 64 (Amended): The system of claim 6[1]2, wherein the system enables the patient to choose when to receive the message.

Claim 65 (Amended): The system of claim 6[1]2, wherein the message is stored before being transmitted to the patient.

Claim 66 (Amended): The system of claim [55]71, wherein the system is configured to allow [the] a patient at a patient site to control the display of health-monitoring related information using at least one menu.

Claim 67 (Amended): The system of claim 66, wherein the menu allows the patient to select any one of the operational modes from the set consisting of:

- (a) a display mode for displaying relevant information;
- (b) an input mode for providing information; and
- (c) a communications mode for establishing a link with the central server.

Claim 68 (Previously Presented): The system of claim 66, wherein the menu allows a patient to select a monitoring mode in which at least one of the health-monitoring devices is used.

Claim 69 (Previously Presented): The system of claim 66, wherein the menu allows a patient to display at least one message or instruction from a health care professional.

Claim 70 (Previously Presented): The system of claim 69, wherein the system is configured to enable the patient to respond to information on the display by using a cursor or other indicator positioned at a selected item.

Claim 71 (Amended): [The system of claim 34, wherein the system is configured] A networked health-monitoring system, comprising:

- (a) a plurality of remote patient sites, each site including
 - (i) at least one display;
 - (ii) a data management unit configured to facilitate collection of patient health-related data;
 - (iii) a memory; and
 - (iv) stored program instructions for use in generating health-monitoring related information on the display;
- (b) at least one remotely located computing facility including at least one central server connectable for communication with the data management units at the patient sites; and

(c) at least one health care professional computer configured for signal communication with the central server to receive information based on the patient health-related data collected at the remote patient sites, wherein hardware and software of the central server can communicate with the data management units to enable programs to be provided from the server for storage in a memory and execution at a remote patient site; and wherein the system is configured to transmit a message for display on at least one remote patient site display.

Claim 72 (Amended): The system of claim [34]121, wherein the collected patient health-related data includes indications of user-experienced symptoms.

Claim 73 (Amended): The system of claim [34]121, wherein the collected patient health-related data includes quantitative measurements.

Claim 74 (Amended): The system of claim [34]73, wherein the collected patient health-related data includes medication data.

Claim 75 (Amended): The system of claim [34]73, wherein the collected patient health-related data includes time data.

Claim 76 (Amended): A networked health-monitoring system, comprising:

(a) a plurality of remote patient sites, each site including

- (i) at least one display;
- (ii) a plurality of buttons, keys or switches
- (iii) a data management unit configured to facilitate collection of patient health-related data;
- (iv) a memory; and
- (v) stored program instructions for use in generating health-monitoring related information on the display;

(b) at least one remotely located computing facility including at least one central server connectable for communication with the data management units at the patient sites; and at least one health care professional computer configured for signal communication with the central server to receive at least one report based on the patient health-related data collected at the remote patient sites, wherein at least one report is standardized; and wherein hardware and software of the central server communicates the report to [The system of claim 34, wherein] the healthcare professional computer [receives the

report] after [transmitting]an authorization code is transmitted to the server [that identifies] to identify an associated healthcare professional as an authorized user.

Claim 77 (Amended): A method of collecting and processing patient health-related data, comprising:

- (a) at a plurality of remote patient sites,
 - (i) using stored program instructions to generate health-monitoring related information on at least one display;
 - (ii) facilitating collection of patient health-related data using a data management unit; and
 - (iii) collecting patient-health related data;
- (b) connecting at least one remotely located computing facility including at least one central server for communication with the data management unit at the patient sites; and
- (c) providing at least one report to at least one health care professional computer, remotely located from and in signal communication with the central server, the report being based on the patient health-related data collected at the remote patient sites, wherein hardware and software of the central server automatically communicates with the data management units and the at least one health care professional computer.

Claim 78 (Amended): The method of claim [77]22, further comprising using at least one health-monitoring device to

- (i) [to] monitor at least one patient health condition at least one remote patient site; and
- (ii) [to] communicate data related to the monitored condition to the central server.

Claim 79 (Previously Presented): The method of claim 78, wherein the data management unit facilitates collection of health-related data by receiving data related to the monitored condition from at least one of the health-monitoring devices.

Claim 80 (Amended): The method of claim 79, wherein at least one health-monitoring device includes one or more of the set consisting of

- (a) a blood glucose monitor;
- (b) a peak flow meter;
- (c) a blood pressure monitor;

- (d) a pulse monitor; and
- (e) a body temperature monitor.

Claim 81 (Amended): The method of claim [77]109, wherein the data management unit facilitates collection of health-related data entered by a patient at the remote patient site using buttons, keys or switches.

Claim 82 (Previously Presented): The method of claim 78, wherein the data management unit is physically separate from the display.

Claim 83 (Amended): The method of claim 78, wherein [the memory and] the display form a part of at least one of the health-monitoring devices.

Claim 84 (Previously Presented): The method of claim [83]122, wherein the display is in a handheld device.

Claim 85 (Previously Presented): The method of claim 84, wherein the memory is a program cartridge.

Claim 86 (Previously Presented): The method of claim 83, further comprising displaying pictorial health-monitoring related information on the handheld device.

Claim 87 (Amended): The method of claim [86]44, further comprising displaying animated health-monitoring related information on the handheld device.

Claim 88 (Amended): The method of claim [77]122, further comprising connecting at least one personal computer to the data management unit at least one remote site.

Claim 89 (Amended): The method of claim 77, wherein the information received by the healthcare professional can be used to generate at least one report that is standardized.

Claim 90 (Amended): The method of claim [89]119, wherein a health care professional selects which of a plurality of standardized reports is received.

Claim 91 (Amended): The method of claim [89]119, wherein the report includes at least one of graphs and icons.

Claim 92 (Amended): The method of claim [89]119, wherein the report is generated periodically.

Claim 93 (Amended): The method of claim 89, wherein the [report is generated by the server] server generates the report.

Claim 94 (Amended): The method of claim [89]119, further comprising presenting at least one report on a display at a remote patient site.

Claim 95 (Amended): The method of claim [89]119, wherein the report includes statistical information.

Claim 96 (Amended): The method of claim [89]119, further comprising displaying the statistical information on a display at a remote [to the] patient site.

Claim 97 (Amended): The method of claim [89]119, wherein the report includes information data for a period of time.

Claim 98 (Amended): The method of claim [77]122, further comprising transmitting at least one message to and displaying it on at least one remote patient site display

Claim 99 (Amended): The method of claim [98]114, wherein the message includes step-by-step instructions.

Claim 100 (Amended): The method of claim [98]114, wherein the message includes results of a test.

Claim 101 (Amended): The method of claim [98]100, wherein the message includes diagnostic a indication related to whether a test has proceeded in a normal fashion.

Claim 102 (Amended): The system of claim [98]114, wherein the message is a multi-line message.

Claim 103 (Amended): The method of claim [98]114, wherein the message is educational or motivational.

Claim 104 (Amended): The method of claim [98]114, wherein the message is from the health care professional computer.

Claim 105 (Amended): The method of claim [98]104, wherein the message is transmitted to a specific patient site.

Claim 106 (Amended): The method of claim [98]105, wherein the message is transmitted automatically to the patient.

Claim 107 (Amended): The method of claim [98]105, wherein the patient chooses when to receive the message.

Claim 108 Amended): The method of claim [98]105, wherein the message is stored before being transmitted to the patient.

Claim 109 (Amended): The method of claim [98]114, wherein [the] a patient at a patient site controls the display of health-monitoring related information using at least one menu

Claim 110 (Amended): The method of claim 109, wherein the menu allows a patient to select any one of the operational modes from the set consisting of:

- (a) a display mode for displaying relevant information;
- (b) an input mode for providing information; and
- (c) a communications mode for establishing a link with the central server.

Claim 111 (Previously Presented): The method of claim 109, wherein the menu allows a patient to select a monitoring mode in which at least one of the health-monitoring devices is used.

Claim 112 (Previously Presented): The method of claim 109, wherein the menu allows a patient to display at least one message or instructions from a health care professional.

Claim 113 (Previously Presented): The method of claim 112, wherein the patient responds to information on the display by using a cursor or other indicator positioned at a selected item.

Claim 114 (Previously Presented): [The] A method of [claim 77, further comprising:] collecting and processing patient health-related data comprising:

- (a) at a plurality of remote patient sites,
 - (i) using stored program instructions to generate health-monitoring related information on at least one display;
 - (ii) facilitating collection of patient health-related data using a data management unit; and
 - (iii) collecting patient-health related data;
- (b) connecting at least one remotely located computing facility including at least one central server for communication with the data management unit at the patient sites;
- (c) providing information based on the patient health-related data collected at the remote patient sites to at least one health care professional computer, remotely located from and in signal communication with the central server;

- (d) providing programs from the server to a remote patient site; and
- (e) storing in a memory and executing the programs at the remote patient site.

Claim 115 (Amended): The method of claim [77],122 wherein the collected patient health-related data includes indications of user-experienced symptoms.

Claim 116 (Amended): The method of claim [77],122, wherein the collected patient health-related data includes quantitative measurements.

Claim 117 (Amended): The method of claim [77],122, wherein the collected patient health-related data includes medication data.

Claim 118 (Amended): The system of claim [117]122, wherein the collected patient health-related data includes time data.

Claim 119 (Amended): [The system of claim 117, further] A method of collecting and processing patient health-related data, comprising:

(a) a plurality of remote patient sites,

(i) using stored program instructions to generate health-monitoring related information on at least one display;

(ii) facilitating collection of patient health-related data using a data management unit; and

(iii) collecting patient-health related data;

(b) connecting at least one remotely located computing facility including at least one central server for communication with the data management unit at the patient sites;

(c) providing at least one report to at least one health care professional computer, remotely located from and in signal communication with the central server, the report being based on the patient health-related data collected at the remote patient sites, wherein hardware and software of the central server automatically communicates with the data management units and the at least one health care professional computer, and

(d) receiving the report after transmitting an authorization code to the server that identifies an associated healthcare professional as an authorized user.

Claim 120 (Amended): A system for collecting and processing patient health-related data comprising:

a plurality of remote patient sites, each site including

(i) means for using stored program instructions to generate health-monitoring

related information at least one display;

(ii) means for facilitating collection of patient health-related data using a data management unit; [and]

(iii) means for connecting at least one remotely located computing facility including at least one central server for communication with the data management units at the patient sites; and

(iv) means for providing at least one report to at least one health care professional computer, remotely located from and in signal communication with the central server, the report being based on the patient health-related data collected at the remote patient sites,

wherein hardware and software of the central server automatically communicates with the data management units and the at least one health care professional computer.

Claim 121 (Newly Presented). A networked health-monitoring system, comprising:

(a) a plurality of remote patient sites, each site including

(i) at least one display;

(ii) a plurality of buttons, keys or switches

(iii) a data management unit configured to facilitate collection of patient health-related data using one or more of the plurality of buttons, keys or switches;

(iv) a memory; and

(v) stored program instructions for use in generating health-monitoring related information on the display;

(b) at least one remotely located computing facility including at least one central server connectable for communication with the data management units at the patient sites; and

(c) at least one health care professional computer remotely located from and configured for signal communication with the central server to receive information based on the patient health-related data collected at the remote patient sites, wherein hardware and software of the central server automatically communicates with the data management units and the at least one health care professional computer; and
wherein the system is configured to enable a patient at a remote patient site to respond to health-monitoring related information generated on the display by using a cursor or other indicator positioned at an item on the display.

Claim 122 (Newly Presented). A method of collecting and processing patient health-related data, comprising:

(a) a plurality of remote patient sites,

(i) using stored program instructions to generate health-monitoring related information on at least one display;

(ii) facilitating collection of patient health-related data using a data management unit; and

(iii) collecting patient-health related data;

(b) connecting at least one remotely located computing facility including at least one central server for communication with the data management unit at the patient sites;

(c) providing information, based on the patient health-related data collected at the remote patient sites, to at least one health care professional computer remotely located from the central server, and

(d) enabling a patient at a remote patient site to respond to health-monitoring related information generated on the display by using a cursor or other indicator positioned at an item on the display.

CONCLUSION

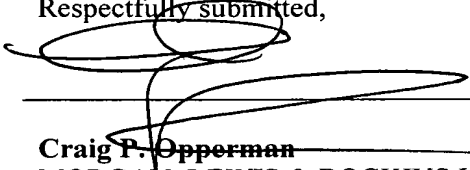
Applicant respectfully submits that all rejections have been addressed and that the claims are now in a condition for allowance, which is earnestly solicited. The Examiner is encouraged to call the undersigned attorney at (650) 843-7504, if a telephone call will help resolve any remaining issues.

The Commissioner is hereby authorized to charge any required fees or credit any overpayments to Morgan, Lewis & Bockius LLP's deposit account no. 50-0310 (order no. 062788-5006-US). A copy of this sheet is enclosed.

Respectfully submitted,

Date: November 18, 2004

37,078
(Reg. No.)


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